PTO/SB/06 (08-03)
Approved for use through 7/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a optiection of information unless it display

Substitute for Form PTO-875						Application or Docket Number		
			10-8/5			11/	1/4	FI
CLAIMS AS FILED - PART I						IC		2.10
5.00	(Column 1)	(	Column 2)	SMALL	ENTITY	OR	SMAL	ER THAN
FOR BASIC FEE	NUMBER FILE	D NUA	BER EXTRA	RATE	ree			
(37 CFR 1.16(a)) TOTAL CLAIMS						-	KATC	11,1
(37 CFR 1. 16(c))	minus	20 -	-		<u> </u>	OR		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2		·	X \$ =		OR	x.s =	
	ninus	3 =   .		X S =		OR	X S =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+5 =		. •-		
* If the difference in colum	In 1 is less than zone			1 1 2 = =		OR	+ 5 =	
	•		n 2.	JATOI		OR	TOTAL	-
2 CLAIN	MS AS AMENDE	D - PART II			•			<u> </u>
9111100	olumo * 1		•					
CLASS BIGHEST				SMALL	ENTITY	OR	OTHE	R THAN
i a	EMAILURG	HIGHEST RUMBLE	PRESENT	RATE	ADO		SIVIACE	ENTITY
Z AM	AFTER ENDMENT	PREVIOUSLY	EXTRA	10.416	ADDI: TIONAL	}	RATE	ADDI-
(37 CFR 1.16(c))	Minus	PAID FOR	=		FEE			TIONAL FEE
(37 CFR 1.16(c))  Z Independent (37 CFR 1.16(b))	Minus	100	=	X \$=		OR	X S =	
ξ		13		X \$=		OR	ν	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d))						OK	X \$=	
VIOLAR	-			+ \$ = TOTAL		OR	+ 5=	
OHINE				ADD'L FEE		OR	TOTAL AOD'L FEE	
	olumn 1)	(Column 2)	(Column 3)					<u> </u>
. RE	CLAIMS MAINING	HIGHEST NUMBER	PRESENT	Dive				•
Z AMI	AFTER NDN ENT	PREVIOUSLY	EXTRA	RATE	ADDI- TIONAL		RATE	ADD1-
Z Independent (37 CFR 1.16(c))  Z Independent (37 CFR 1.16(c))  Z Signal = 1	Minus	PAGFOR	=		<u>ree</u>			TIONAL FEE
Z Independent ·	Minús			X 5 =		OR	X \$=	
(37 CFR 1.16(6))		2	=	Х \$=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d))				ľ		OR	X" \$ =	
				+ 5 =		OR	+ c	
				ADD'L FEE		OR	TOTAL ADD'L FEE	
	lumn 1)	(Column 2)	(Column 3)					<del></del>
O   Rei	LAINS MAINING	HIGHEST NUMBER	PRESENT			ſ		
	FTER NDMENT	PREVIOUSLY	EXTRA	RATE	ADDI: TIONAL		RATE	ADD1-
Total . (37 CFR 1,16(c))	Minus	PAID FOR	=		FEE	Ì		TIONAL FEC
Z Independent -				x s =		OR	X \$ =	
Total (37 CFR 1.16(c))  Z Independent (37 CFR 1.16(b))  Z SIDEX DOSES	Minus	•••	= \	X \$ =		ľ		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						OR	X \$=	
		(31 Cr	1.10(0))	+\$=		OR	+ \$=	
<ul> <li>If the entry in column is</li> </ul>	is lace than the	·: •		TOTAL ADD'L FEE		OR -	TOTAL ADD'L FEE	
<ul> <li>If the entry in column to If the "Highest Number"</li> <li>If the "Highest Number</li> </ul>	Previously Paid For	r in column 2, write IN THIS SPACE i	e "0" in column 3.	nter*20*		<b>→・</b> •	Nooring [	
*** If the "Highest Number F	reviously Paid For C	IN THIS SPACE in	s less than 3, ent	er *3*.				

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.